

## PLEASE READ CAREFULLY

### **Appointment Cancellation and No-Show Policy**

\*For the health and convenience of others, it is important to keep your scheduled appointments. If you are unable to keep your appt, please contact our office as soon as possible so that we may offer it to another patient in need. Our office mandates a \$25 No-Show fee which must be paid before scheduling your child's next appointment.

### **Financial/Insurance Policy**

\*Prompt payment allows us to keep costs down. All copays, deductible amounts, and/or coinsurance payments must be collected at the time of service. Any balance on the account is due before the next appointment or within 30 of the date of the statement.

\*Patient balances more than 90 days overdue are subject to collection. Please contact our office to discuss options and avoid any overdue accounts. Our staff wants to help your family in any way possible.

\*As a courtesy, our office will bill your insurance for your visit. Please be aware that your insurance policy is an agreement between you and your insurance company. It is the guarantor's responsibility to remit payment for the charges that are not covered by your insurance policy. It is important that you have a good understanding of your policy and what your responsibilities are for visits with your doctor.

\*Also please understand that our office estimates the expected payment by your insurance company. All claims are subject to medical necessity and any exclusion of your contract.

\*Please be sure to notify Starlight Pediatrics staff of any changes in your insurance. Failure to do so may result in increased patient responsibility amounts.

\*Starlight Pediatrics accepts cash, credit, or debit cards at the time of service. Starlight does not accept personal checks due to the occurrence of returned checks and unpaid fees.

### **Prescription and Forms policy**

\*Starlight Pediatrics is delighted to treat your child. If your child requires on-going medication(s) to treat ADHD/ADD or any behavioral/mental health concerns, an appointment is required by the American Academy of Pediatrics (AAP) and insurance providers. Our office does not fill controlled substances without a documented visit with the provider.

\*For all other refills, please call the office or use the convenience of the patient portal to request the refill. Our office requires 48 hours (excluding holidays and weekends) to complete refill requests. Please keep this policy in mind and be sure to request refills for your child's medication in plenty of time to prevent them from running out.

### **Preventative Visits (Physicals/ Wellness Checks)**

\*Our office takes preventative health quite seriously. We encourage all patients to schedule regular physicals. Due to the contracts with insurance carriers, some patients whom have specific concerns at the time of the physical require out of pocket expenses to the parents. Our providers do all that they can to keep these costs to a minimum, but preventative and sick visits at the same time is subject to copays and deductible amounts according to your insurance carrier. Please direct any questions or concerns to our staff. It is a good idea to contact your insurance company to clarify such costs during preventative visits.

*All Policies are subject to updates, changes, and amendments*

*Please speak with our staff with any questions or concerns.*